

## RHODE ISLAND DEPARTMENT OF HEALTH GUIDELINES FOR COMMUNICABLE DISEASE PREVENTION AND CONTROL

- For every organism listed below the Public Health responsibilities include: to conduct public health surveillance, to monitor disease trends, and to identify outbreaks/clusters. When outbreaks/clusters are identified, HEALTH responsibility is to conduct epidemiologic investigation and to implement prevention and control measures.
- Report all cases to Office of Communicable Disease (401-222-2577) unless otherwise noted.

INVASIVE DISEASE		
Disease <i>Agent</i>	Medical Provider Responsibility	Public Health Responsibility
Encephalitis (primary, including arboviral, or parainfectious)	1) Report every case <b>immediately</b> upon diagnosis or strong clinical suspicion. 2) Order arboviral testing to State Laboratory; all other tests go to commercial labs.	1) Conduct epidemiological investigation to determine environmental exposure and recommend environmental controls. 2) Case-manage lab specimens for arboviral testing (acute and convalescent). 3) Transmit surveillance data weekly to Centers for Disease Control and Prevention (CDC) for inclusion in the Morbidity and Mortality Weekly Report (MMWR).
Haemophilus influenzae invasive disease (all serotypes) <i>Haemophilus influenzae</i>	1) Report within four days. 2) Report vaccination status of patient for type b (Hib), only.	1) Conduct surveillance through chart review to monitor disease trends. 2) Retrieve isolates for typing. 3) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Listeriosis <i>Listeria monocytogenes</i>	1) Report within four days. 2) Physician should remind testing lab to send isolate to State Laboratory.	1) Conduct patient interview to identify environmental source. 2) Conduct surveillance/retrieve isolates. 3) Counsel regarding nature of disease. 4) Perform PFGE testing on isolates. 5) Transmit surveillance data weekly to CDC for inclusion in the MMWR.

<b>INVASIVE DISEASE (continued)</b>		
<b>Disease Agent</b>	<b>Medical Provider Responsibility</b>	<b>Public Health Responsibility</b>
Meningitis (aseptic, bacterial, viral or fungal)	Report within four days.	1) Conduct surveillance through chart review to monitor disease trends. 2) Retrieve isolates for specific organisms.
Meningococcal disease <i>Neisseria meningitidis</i>	1) Report every case <b>immediately</b> upon diagnosis or strong clinical suspicion. 2) Report meningococcal vaccine vaccination status of patient. 3) Physician should remind testing lab to send isolate to State Laboratory.	1) Conduct epidemiological investigation. 2) Identify close contacts and coordinate administration of prophylaxis. 3) Retrieve isolates for serogrouping. 4) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Group A streptococcal invasive disease (Group A Beta Hemolytic Strep, including Necrotizing Fasciitis and Toxic Shock Syndrome) <i>Streptococcus pyogenes</i>	Report within four days.	1) Conduct surveillance through chart review to monitor disease trends. 2) Retrieve isolates. 3) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Group B streptococcal invasive disease (Group B Strep) <i>Streptococcus agalactiae</i>	Report within four days.	Conduct surveillance through chart review to monitor disease trends.
Pneumococcal invasive disease <i>Streptococcus pneumoniae</i>	1) Report within four days. 2) For patients aged 0-59 months, report pneumococcal vaccine vaccination status. 3) For patient aged 0-59 months, physician should remind testing lab to send isolate to State Laboratory.	1) Conduct surveillance through chart review to monitor disease trends. 2) Retrieve isolates for serotyping on potential vaccine failures among cases aged 0-59 months. 3) Assure drug susceptibility testing is performed according to standards. 4) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Streptococcal Toxic Shock <i>Streptococcus pyogenes</i>	Report within four days.	1) Conduct surveillance through chart review to monitor disease trends. 2) Transmit surveillance data weekly to CDC for inclusion in the MMWR.

<b>INVASIVE DISEASE (continued)</b>		
<b>Disease <i>Agent</i></b>	<b>Medical Provider Responsibility</b>	<b>Public Health Responsibility</b>
Toxic Shock Syndrome	Report within four days.	1) Conduct surveillance through chart review to monitor disease trends. 2) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Vancomycin resistant enterococcal infection (VRE, invasive only)	Report within four days.	Conduct surveillance through chart review to monitor disease trends.
Vancomycin resistant/intermediate Staphylococcus aureus (VRSA/VISA) infection	Report every case <b>immediately</b> upon diagnosis.	1) Perform confirmatory testing on isolate. 2) Conduct epidemiological investigation.

VECTORBORNE AND ZOONOTIC DISEASES		
Disease <i>Agent</i>	Medical Provider Responsibility	Public Health Responsibility
Babesiosis <i>Babesia sp.</i>	1) Report within four days. 2) Order transfer of stained slides to State Laboratory.	1) Conduct surveillance through chart review to monitor disease trends. 2) Case manage the transfer of stained slides to State Laboratory. 3) Mail educational material on prevention of disease.
Dengue fever	Report within four days.	Conduct surveillance through chart review.
Ehrlichiosis <i>Ehrlichia species</i>	Report within four days.	1) Conduct surveillance through chart review to monitor disease trends. 2) Mail educational material on prevention of disease. 3) Transmit surveillance data weekly to Centers for Disease Control and Prevention (CDC) for inclusion in the Morbidity and Mortality Weekly Report (MMWR).
Hantavirus Pulmonary Syndrome <i>Hantavirus</i>	1) Report every case <b>immediately</b> upon diagnosis or strong clinical suspicion. 2) Order all tests to State Laboratory; do not use commercial laboratories.	1) Conduct epidemiological investigation to detect environmental source. 2) Case manage lab specimens. 3) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Leptospirosis <i>Leptospira species</i>	Report within four days.	1) Conduct epidemiological investigation to detect environmental source. 2) Case manage lab specimens.
Lyme Disease <i>Borrelia burgdorferi</i>	1) Report within four days on a Lyme disease case report form. 2) Order a two-step laboratory test; specify that a Western blot should be done whenever an ELISA is positive.	1) Conduct surveillance to monitor disease trends. 2) Transmit surveillance data weekly to CDC for inclusion in the MMWR.

VECTORBORNE AND ZOONOTIC DISEASES (continued)		
Disease <i>Agent</i>	Medical Provider Responsibility	Public Health Responsibility
Malaria <i>Plasmodium species</i>	1) Report within four days. 2) Order transfer of stained slides to State Laboratory.	1) Conduct surveillance through chart review. 2) Case manage transfer of stained slides to State Laboratory. 3) Mail educational material on prevention of disease. 4) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Ornithosis (psittacosis) <i>Chlamydia psittaci</i>	Report within four days.	1) Conduct surveillance through chart review. 2) If outbreak, determine environmental source. 3) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Rabies-Human <i>Rabies virus</i>	1) Report every case <b>immediately</b> upon diagnosis or strong clinical suspicion. 2) Order all tests to State Laboratory; do not use commercial laboratories. 3) Consult with State Laboratory on specimen collection and handling.	1) Case manage lab specimens. 2) Conduct epidemiological investigation to identify contacts. 3) Provide post-exposure prophylaxis for contacts. 4) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Rocky Mountain spotted fever <i>Rickettsia rickettsii</i>	1) Report within four days. 2) Consult with State Laboratory of diagnostic testing.	1) Conduct surveillance through chart review. 2) Case manage lab specimens. 3) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Trichinosis <i>Trichinella species</i>	Report within four days.	1) Conduct epidemiological investigation. 2) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Yellow fever	Report <b>immediately</b> upon diagnosis or strong clinical suspicion.	1) Conduct epidemiological investigation. 2) Transmit surveillance data weekly to CDC for inclusion in the MMWR.

ENTERIC DISEASES		
Disease <i>Agent</i>	Medical Provider Responsibility	Public Health Responsibility
Amebiasis <i>Entamoeba histolytica</i>	<ol style="list-style-type: none"> <li>1) Report within four days.</li> <li>2) Treat known carriers.</li> </ol>	<ol style="list-style-type: none"> <li>1) Conduct patient interview to identify exposure, and recent travel history.</li> <li>2) Determine if case is in a high-risk setting (attends or works at a daycare facility, provides direct patient care, and/or is a foodhandler).</li> <li>3) If case has active diarrhea, exclude from high-risk setting until diarrhea has resolved. After diarrhea has resolved, case may return to work or day care.</li> <li>4) Counsel case on proper hand washing and food handling practices.</li> <li>5) Mail educational materials on proper hand washing and safe food handling practices.</li> </ol>
Botulism <i>Clostridium botulinum</i>	Report every case <b>immediately</b> upon diagnosis or strong clinical suspicion, for consultation regarding eligibility for testing at CDC.	<ol style="list-style-type: none"> <li>1) Assist medical providers in case management, and laboratory testing at CDC labs.</li> <li>2) If indicated, procure anti-toxin from CDC.</li> <li>3) Conduct surveillance/ outbreak detection.</li> <li>4) Coordinate activities with Office of Food Protection.</li> <li>5) Transmit surveillance data weekly to Centers for Disease Control and Prevention (CDC) for inclusion in the Morbidity and Mortality Weekly Report (MMWR).</li> </ol>

ENTERIC DISEASES		
Disease <i>Agent</i>	Medical Provider Responsibility	Public Health Responsibility
Campylobacteriosis <i>Campylobacter species</i>	<ol style="list-style-type: none"> <li>1) Report within four days.</li> <li>2) Determine if patient is in a high-risk setting (attends or works at a daycare facility, provides direct patient care, and/or is a foodhandler).</li> <li>3) If patient employed in high-risk setting, counsel on enteric precautions.</li> <li>4) If patient has active diarrhea, exclude from high-risk setting until diarrhea has resolved. After diarrhea has resolved, patient may return to work or day care.</li> </ol>	<ol style="list-style-type: none"> <li>1) Conduct surveillance (patient interview not conducted) to monitor disease trends.</li> <li>2) Mail educational material on proper hand washing and safe food handling practices.</li> </ol>
Cholera <i>Vibrio cholerae</i> 01 or 0139  Vibrio parahaemolyticus infection <i>Vibrio parahaemolyticus</i>  Vibrio vulnificus infection <i>Vibrio vulnificus</i>	<ol style="list-style-type: none"> <li>1) Report every case <b>immediately</b> upon diagnosis or strong clinical suspicion.</li> <li>2) Physicians can consult State Laboratory, if needed.</li> </ol>	<ol style="list-style-type: none"> <li>1) Conduct epidemiological investigation to detect environmental source/outbreaks.</li> <li>2) Identify close contacts and if appropriate, coordinate administration of chemoprophylaxis (<i>V. cholerae</i>, only).</li> <li>3) Determine if case is in a high-risk setting (attends or works at a daycare facility, provides direct patient care, and/or is a foodhandler).</li> <li>4) If case has active diarrhea, exclude from high-risk setting until diarrhea has resolved. After diarrhea has resolved, case may return to work or day care.</li> <li>5) Counsel case on proper hand washing and food handling practices.</li> <li>6) Coordinate activities with Office of Food Protection.</li> <li>7) Transmit surveillance data weekly to CDC for inclusion in the MMWR.</li> </ol>

<b>ENTERIC DISEASES (continued)</b>		
<b>Disease <i>Agent</i></b>	<b>Medical Provider Responsibility</b>	<b>Public Health Responsibility</b>
Cryptosporidiosis <i>Cryptosporidium parvum</i>	Report within four days.	<ol style="list-style-type: none"> <li>1) Conduct patient interview to identify exposure, and recent travel history.</li> <li>2) Determine if case is in a high-risk setting (attends or works at a daycare facility, provides direct patient care, and/or is a foodhandler).</li> <li>3) If case has active diarrhea, exclude from high-risk setting until diarrhea has resolved. After diarrhea has resolved, case may return to work or day care.</li> <li>4) Counsel case on proper hand washing and food handling practices.</li> <li>5) Mail educational materials on proper hand washing and safe food handling practices.</li> <li>6) Conduct surveillance to monitor disease trends.</li> <li>7) Transmit surveillance data weekly to CDC for inclusion in the MMWR.</li> </ol>
Cyclosporiasis <i>Cyclospora cayetanensis</i>	<ol style="list-style-type: none"> <li>1) Report within four days.</li> <li>2) Physician can consult State Laboratory for ova and parasite testing.</li> </ol>	<ol style="list-style-type: none"> <li>1) Conduct patient interview to identify exposure, and recent travel history.</li> <li>2) Determine if case is in a high-risk setting (attends or works at a daycare facility, provides direct patient care, and/or is a foodhandler).</li> <li>3) If case has active diarrhea, exclude from high-risk setting until diarrhea has resolved. After diarrhea has resolved, case may return to work or day care.</li> <li>4) Counsel case on proper hand washing and food handling practices.</li> <li>5) Mail educational materials on proper hand washing and safe food handling practices.</li> <li>6) Conduct surveillance to monitor disease trends.</li> <li>7) Transmit surveillance data weekly to CDC for inclusion in the MMWR.</li> </ol>



<b>ENTERIC DISEASES (continued)</b>		
<b>Disease <i>Agent</i></b>	<b>Medical Provider Responsibility</b>	<b>Public Health Responsibility</b>
Enterohemorrhagic <i>E. coli</i> (EHEC) gastroenteritis  <i>Escherichia coli</i> 0157: H7 or <i>Enterohemorrhagic Escherichia coli</i> shiga <i>toxin+</i>	1) Report within four days. 2) Physician should remind testing laboratory to send isolate to State Laboratory.	1) Conduct patient interview to identify exposure, and recent travel history. 2) Determine if case is in a high-risk setting (attends or works at a daycare facility, provides direct patient care, and/or is a foodhandler). 3) If patient has active diarrhea, exclude from high-risk settings until diarrhea has resolved. After diarrhea has resolved, case may return to work or daycare only after producing two consecutive negative stool cultures taken at least 24 hours apart and no earlier than 48 hours after antibiotics are discontinued. 4) Counsel patient on proper hand washing and food handling practices. 5) Mail educational materials on proper hand washing and safe food handling practices. 6) Conduct surveillance to monitor disease trends. 7) Perform PFGE testing on isolates. 8) Transmit surveillance data weekly to CDC for inclusion in the MMWR.

ENTERIC DISEASES (continued)		
Disease <i>Agent</i>	Medical Provider Responsibility	Public Health Responsibility
Giardiasis <i>Giardia duodenalis</i> (lamblia)	<ol style="list-style-type: none"> <li>1) Report within four days.</li> <li>2) Determine if patient is involved in a high-risk setting (attends or works at a daycare facility, provides direct patient care, and/or is a foodhandler).</li> <li>3) If patient employed in high-risk setting, counsel on enteric precautions.</li> <li>4) If patient has active diarrhea, exclude from high-risk setting until diarrhea has resolved. After diarrhea has resolved, patient may return to work or day care.</li> </ol>	<ol style="list-style-type: none"> <li>1) Conduct surveillance (patient interview not conducted) to monitor disease trends.</li> <li>2) Mail educational material on proper hand washing and safe food handling practices.</li> <li>3) Transmit surveillance data weekly to CDC for inclusion in the MMWR.</li> </ol>
Hepatitis A  Hepatitis A virus	<ol style="list-style-type: none"> <li>1) Report every case (positive IgM and liver function tests) <b>immediately</b> upon diagnosis or strong clinical suspicion.</li> <li>2) Immune Globulin (IG) for contacts is made available through the Office of Communicable Diseases.</li> </ol>	<ol style="list-style-type: none"> <li>1) Conduct patient interview to identify exposure, and recent travel history.</li> <li>2) Determine if case is involved in a high-risk setting (attends or works at a daycare facility, provides direct patient care, and/or is a foodhandler).</li> <li>3) Coordinate administration of IG for exposed contacts (including mass immunization clinics).</li> <li>4) If patient has active diarrhea, exclude from high-risk employment settings until diarrhea has resolved or one week after onset of jaundice.</li> <li>5) Counsel on proper hand washing and food preparation.</li> <li>6) Conduct surveillance to monitor disease trends and detect outbreaks.</li> <li>7) Transmit surveillance data weekly to CDC for inclusion in the MMWR.</li> </ol>
Ciguatera poisoning, Paralytic shellfish poisoning and Scombroid poisoning	Report every case <b>immediately</b> upon diagnosis or strong clinical suspicion.	<ol style="list-style-type: none"> <li>1) Conduct patient interview to identify environmental source.</li> <li>2) Conduct surveillance/outbreak detection.</li> <li>3) Coordinate activities with Office of Food Protection/FDA (tracebacks).</li> </ol>

<b>ENTERIC DISEASES (continued)</b>		
<b>Disease <i>Agent</i></b>	<b>Medical Provider Responsibility</b>	<b>Public Health Responsibility</b>
Salmonellosis <i>Salmonella species</i>	<ol style="list-style-type: none"> <li>1) Report within four days.</li> <li>2) Determine if patient is involved in a high-risk setting (attends or works at a daycare facility, provides direct patient care, and/or is a foodhandler).</li> <li>3) If patient employed in high-risk setting, counsel on enteric precautions.</li> <li>4) If patient has active diarrhea, exclude from high-risk setting until diarrhea has resolved. After diarrhea has resolved, patient may return to work or day care.</li> </ol>	<ol style="list-style-type: none"> <li>1) Conduct surveillance to monitor disease trends and detect outbreaks.</li> <li>2) Mail educational material on proper hand washing and safe food handling practices.</li> <li>3) Perform PFGE testing on isolates.</li> <li>4) Transmit surveillance data weekly to CDC for inclusion in the MMWR.</li> </ol>
Shigellosis <i>Shigella species</i>	Report within four days.	<ol style="list-style-type: none"> <li>1) Conduct patient interview to identify exposure, and recent travel history.</li> <li>2) Determine if case is involved in a high-risk setting (attends or works at a daycare facility, provides direct patient care, and/or is a foodhandler).</li> <li>3) If case has active diarrhea, exclude from high-risk setting until diarrhea has resolved. After diarrhea has resolved, case may return to work or day care.</li> <li>4) Counsel case on proper hand washing and food handling practices.</li> <li>5) Mail educational materials on proper hand washing and safe food handling practices.</li> <li>6) Conduct surveillance to monitor disease trends and detect outbreaks.</li> <li>7) Perform PFGE testing on isolates.</li> <li>8) Transmit surveillance data weekly to CDC for inclusion in the MMWR.</li> </ol>

<b>ENTERIC DISEASES (continued)</b>		
<b>Disease Agent</b>	<b>Medical Provider Responsibility</b>	<b>Public Health Responsibility</b>
Typhoid fever  <i>Salmonella typhi</i>	Report every case <b>immediately</b> upon diagnosis or strong clinical suspicion.	<ol style="list-style-type: none"> <li>1) Conduct patient interview to identify exposure, and recent travel history.</li> <li>2) Determine if case is involved in a high-risk setting (attends or works at a daycare facility, provides direct patient care, and/or is a foodhandler).</li> <li>3) Foodhandlers, daycare attendee or workers, and health care workers must be excluded from high risk setting.</li> <li>4) To return to work or daycare: case must produce not fewer than 3 consecutive negative cultures of feces taken at least 24 hours apart and at least 48 hours after any antimicrobials, and not earlier than 1 month after onset; if any one of these are positive, repeat cultures at intervals of 1 month during the 12 months following onset until at least 3 negative cultures are obtained.</li> <li>5) Counsel case on proper hand washing and food handling practices.</li> <li>6) Obtain cultures on all household contacts.</li> <li>7) Transmit surveillance data weekly to CDC for inclusion in the MMWR.</li> </ol>
Yersiniosis <i>Yersinia spp.</i>	<ol style="list-style-type: none"> <li>1) Report within four days.</li> <li>2) Determine if patient is involved in a high-risk setting (attends or works at a daycare facility, provides direct patient care, and/or is a foodhandler).</li> <li>3) If patient employed in high-risk setting, counsel on enteric precautions.</li> <li>4) If patient has active diarrhea, exclude from high-risk setting until diarrhea has resolved. After diarrhea has resolved, patient may return to work or day care.</li> </ol>	<ol style="list-style-type: none"> <li>1) Conduct surveillance (patient interview not conducted) to monitor disease trends.</li> <li>2) Mail educational material to individual on proper hand washing and food handling techniques.</li> </ol>

<b>TUBERCULOSIS</b>		
<b>Disease Agent</b>	<b>Medical Provider Responsibility</b>	<b>Public Health Responsibility</b>
Tuberculosis disease <i>Mycobacterium tuberculosis</i> and <i>M. bovis</i>	<ol style="list-style-type: none"> <li>1) Obtain and complete a <i>Tuberculosis Reporting Form</i> and send to TB program within four days.</li> <li>2) Referral to the state TB Clinic (401-793-2427) for consultation is strongly recommended.</li> <li>3) Patient should be referred to TB program for directly observed therapy (DOT).</li> </ol> <p>Note: By statute, all biological samples or specimens taken from Rhode Island residents for performing laboratory cultures for tuberculosis must be sent to the HEALTH Laboratory for analysis. Samples may be split with one portion to be sent to HEALTH Laboratory and the other portion sent to another appropriately credentialed laboratory. A waiver from this clause may be obtained by special application.</p>	<ol style="list-style-type: none"> <li>1) Conduct patient interview to identify and test household and all other contacts.</li> <li>2) Perform laboratory identification, culture and sensitivity testing.</li> <li>3) Administer DOT until completion of treatment is certified.</li> <li>4) Offer comprehensive social service support to patients on DOT.</li> <li>5) Enforce quarantine regulations when necessary.</li> <li>6) Transmit surveillance data weekly to Centers for Disease Control and Prevention (CDC) for inclusion in the Morbidity and Mortality Weekly Report (MMWR).</li> </ol>
Positive PPD in a child less than 6 years of age.	<ol style="list-style-type: none"> <li>1) Report to the TB program within four days. This event indicates exposure to an infectious case of active TB.</li> <li>2) Referral to the state TB Clinic (401-793-2427) for consultation is strongly recommended.</li> </ol>	<ol style="list-style-type: none"> <li>1) Conduct patient interview to identify and test household and all other contacts.</li> <li>2) Perform laboratory identification, culture and sensitivity testing.</li> <li>3) Administer DOT until completion of treatment is certified.</li> <li>4) Offer comprehensive social service support for DOT.</li> </ol>

VACCINE PREVENTABLE DISEASES		
Disease <i>Agent</i>	Medical Provider Responsibility	Public Health Responsibility
Deaths resulting from complications of Varicella  Varicella-zoster virus	Report within four days.	1) Conduct surveillance through chart review to monitor disease trends. 2) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Diphtheria <i>Corynebacterium diphtheriae</i>	Report every case to the Division of Family Health, Childhood Immunization Program (222-2312) <b>immediately</b> upon diagnosis or strong clinical suspicion.	1) Conduct epidemiological investigation. 2) Identify close contacts, and coordinate screening of carriers, quarantine, and administration of prophylaxis. 3) Retrieve isolates. 4) Transmit surveillance data weekly to Centers for Disease Control and Prevention (CDC) for inclusion in the Morbidity and Mortality Weekly Report (MMWR).
Hepatitis B surface antigen (HBsAg) positive pregnant women	Report every case to the Perinatal Hepatitis B Program (222-2312) within four days of diagnosis.	1) Track infant to assure preventive vaccinations is received. 2) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Measles Measles virus	1) Report every case to the Division of Family Health, Childhood Immunization Program (222-2312) <b>immediately</b> upon diagnosis or strong clinical suspicion. 2) All laboratory testing must be ordered to the State Laboratory. 3) Advise patient to stay out of work or school until four days after onset of rash.	1) Conduct epidemiological investigation to determine exposure, travel history and identify close contacts. 2) Implement control measures. 3) Coordinate prophylactic vaccination/ IG administration. 4) Case manage laboratory testing. 5) Transmit surveillance data weekly to CDC for inclusion in the MMWR.

<b>VACCINE PREVENTABLE DISEASES (continued)</b>		
<b>Disease <i>Agent</i></b>	<b>Medical Provider Responsibility</b>	<b>Public Health Responsibility</b>
Mumps Mumps virus	<ol style="list-style-type: none"> <li>1) Report every case to the Division of Family Health, Childhood Immunization Program (222-2312) <b>immediately</b> upon diagnosis or strong clinical suspicion.</li> <li>2) Advise patient to stay out of work or school until nine days after onset of parotid swelling.</li> </ol>	<ol style="list-style-type: none"> <li>1) Conduct patient interview.</li> <li>2) Identify susceptible contacts and make recommendations for exclusion from work and school.</li> <li>3) Implement control measures.</li> <li>4) Case manage laboratory testing.</li> <li>5) Transmit surveillance data weekly to CDC for inclusion in the MMWR.</li> </ol>
Pertussis <i>Bordetella pertussis</i>	<ol style="list-style-type: none"> <li>1) Report every case to the Division of Family Health, Childhood Immunization Program (222-2312) <b>immediately</b> upon diagnosis or strong clinical suspicion.</li> <li>2) Isolate case at home (respiratory isolation , if hospitalized) until five day of erythromycin treatment is completed.</li> <li>3) Administer 14 day course of erythromycin prophylaxis for household and other close contacts, regardless of immunization status and age.</li> </ol>	<ol style="list-style-type: none"> <li>1) Conduct patient interview and assure that all contacts have been identified and prophylaxed.</li> <li>2) Assess immunization status of any identified close contacts under age 7 (coordinate vaccination, if appropriate).</li> <li>3) Case manage laboratory specimens.</li> <li>4) Transmit surveillance data weekly to CDC for inclusion in the MMWR.</li> </ol>
Poliomyelitis Polio virus (wild or vaccine-strain)	Report every case to the Division of Family Health, Childhood Immunization Program (222-2312) <b>immediately</b> upon diagnosis or strong clinical suspicion.	<ol style="list-style-type: none"> <li>1) Conduct epidemiological investigation to determine transmission source and implement control measures.</li> <li>2) Transmit surveillance data weekly to CDC for inclusion in the MMWR.</li> </ol>
Rubella (German measles) Rubella virus	Report every acute case to the Division of Family Health, Childhood Immunization Program (222-2312) <b>immediately</b> upon diagnosis or strong clinical suspicion.	<ol style="list-style-type: none"> <li>1) Conduct epidemiological investigation to determine transmission source and implement control measures.</li> <li>2) Transmit surveillance data weekly to CDC for inclusion in the MMWR.</li> </ol>
Tetanus <i>Clostridium tetani</i>	Report every case to the Division of Family Health, Childhood Immunization Program (222-2312) within four days.	<ol style="list-style-type: none"> <li>1) Conduct surveillance.</li> <li>2) Transmit surveillance data weekly to CDC for inclusion in the MMWR.</li> </ol>

<b>BLOOD BORNE PATHOGENS</b>		
<b>Disease <i>Agent</i></b>	<b>Medical Provider Responsibility</b>	<b>Public Health Responsibility</b>
Acquired Immunodeficiency Syndrome (AIDS)	Report all patients with AIDS diagnosis by name to the HIV/AIDS Surveillance program on the HIV and AIDS Reporting System (HARS) form within four days.	1) Conduct surveillance to monitor morbidity and mortality trends. 2) Maintain a registry. 3) Transmit surveillance data to CDC for inclusion in the MMWR.
HIV-1 or HIV-2 infection  Human immunodeficiency virus	1) Report all patients with a positive HIV test using the unique identification code on a HARS form, within four days. <b>DO NOT REPORT NAMES.</b> 2) Physician must perform HIV counseling and testing in accordance with state regulations (see reference) 3) To access information on state sponsored HIV treatment or case management services call the HIV/AIDS program number: 401-222 2320.	1) Conduct surveillance to monitor disease trends. 2) Maintain a registry.
Hepatitis B (acute infection) Hepatitis B virus	1) Report within four days. 2) Report liver function tests: AST, ALT, and bilirubin.	1) Conduct surveillance to monitor disease trends. 2) Conduct patient interview to assess high-risk behaviors and counsel. 3) Transmit data weekly to CDC for inclusion in Morbidity and Mortality Weekly Report (MMWR).
Hepatitis C (acute infection) Hepatitis C virus	1) Report within four days. 2) Report liver function tests: AST, ALT, and bilirubin.	1) Conduct surveillance to monitor disease trends. 2) Conduct patient interview to assess high-risk behaviors and counsel. 3) Transmit data weekly to CDC for inclusion in Morbidity and Mortality Weekly Report (MMWR).
Hepatitis D, E, and unspecified viral hepatitis (acute infection)  Hepatitis D virus Hepatitis E virus	1) Report within four days. 2) Report liver function tests: AST, ALT, and bilirubin.	1) Conduct surveillance to monitor disease trends. 2) Conduct patient interview to assess high-risk behaviors and counsel. 3) Transmit surveillance data weekly to CDC for inclusion in the MMWR.



<b>SEXUALLY TRANSMITTED DISEASES (STDs)</b>		
<b>Disease Agent</b>	<b>Medical Provider Responsibility</b>	<b>Public Health Responsibility</b>
Chancroid <i>Haemophilus ducreyi</i>  Granuloma inguinale disease <i>Calymmatobacterium granulomatis</i>  Lymphogranuloma Venereum <i>Chlamydia trachomatis</i>	1) Report to STD program by phone <b>(401-456-4302)</b> , fax <b>(401-456-4019)</b> , or mail. Report on the "Confidential Report for Sexually Transmitted Diseases" form within four days. 2) Offer patient HIV counseling and testing. 3) All sexual partners of patient need to be identified, evaluated, and treated.	1) Conduct surveillance. 2) Conduct a patient interview, provide prevention counseling, identify partners of all cases, refer for testing and treatment. 3) Transmit surveillance data weekly to Centers for Disease Control and Prevention (CDC) for inclusion in the Morbidity and Mortality Weekly Report (MMWR).
Chlamydia genital infections  <i>Chlamydia trachomatis</i>	1) Report to STD program by phone <b>(401-456-4302)</b> , fax <b>(401-456-4019)</b> , or mail. Report on the "Confidential Report for Sexually Transmitted Diseases" form within four days. 2) Offer patient HIV counseling and testing. 3) All sexual partners [in past 30 days for symptomatic index patients, past 60 days for asymptomatic patients] need to be identified, evaluated and treated. Due to large caseloads, partner services from the Health Department are provided on a limited basis.	1) Conduct surveillance to monitor disease trends. 2) Conduct patient interview, provide prevention counseling, identify partners of cases ages 18 years and younger, refer for testing and treatment. <b>NOTE: Case patients older than 18 will not receive this service.</b> 3) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Gonorrhea <i>Neisseria gonorrhoeae</i>	1) Report to STD program by phone <b>(401-456-4302)</b> , fax <b>(401-456-4019)</b> , or mail. Report on the "Confidential Report for Sexually Transmitted Diseases" form within four days. 2) Offer patient HIV counseling and testing. 3) All sexual partners [in past 30 days for symptomatic index patients, past 60 days for asymptomatic patients] need to be identified, evaluated and treated. Due to large caseloads, partner services from the Health Department are provided in the Greater Providence area only.	1) Conduct surveillance. 2) Conduct a patient interview, provide prevention counseling, identify partners of all cases, refer for testing and treatment. 3) Transmit surveillance data weekly to CDC for inclusion in the MMWR.

<b>SEXUALLY TRANSMITTED DISEASES (continued)</b>		
<b>Disease <i>Agent</i></b>	<b>Medical Provider Responsibility</b>	<b>Public Health Responsibility</b>
Pelvic Inflammatory Disease	<ol style="list-style-type: none"> <li>1) Report to STD program by phone (<b>401-456-4302</b>), fax (<b>401-456-4019</b>), or mail. Report on the "Confidential Report for Sexually Transmitted Diseases" form within four days.</li> <li>2) Offer patient HIV counseling and testing.</li> </ol>	<ol style="list-style-type: none"> <li>1) Conduct surveillance.</li> <li>2) Conduct a patient interview, provide prevention counseling, identify partners of all cases, refer for testing and treatment.</li> <li>3) Transmit surveillance data weekly to CDC for inclusion in the MMWR.</li> </ol>
Syphilis, late latent (non-infectious) <i>Treponema pallidum</i>	<ol style="list-style-type: none"> <li>1) Report to STD program by phone (<b>401-456-4302</b>), fax (<b>401-456-4019</b>), or mail. Report on the "Confidential Report for Sexually Transmitted Diseases" form within four days.</li> <li>2) Offer patient HIV counseling and testing.</li> <li>3) For information on past titers and treatment, contact the STD Program Syphilis registry (<b>phone: 401-456-4302</b>).</li> </ol>	<ol style="list-style-type: none"> <li>1) Conduct surveillance.</li> <li>2) Maintain a registry.</li> <li>3) Transmit surveillance data weekly to CDC for inclusion in the MMWR.</li> </ol>
Syphilis: primary, secondary, latent (infectious)	<ol style="list-style-type: none"> <li>1) Report to STD program by phone (<b>401-456-4302</b>), fax (<b>401-456-4019</b>), or mail. Report on the "Confidential Report for Sexually Transmitted Diseases" form <b>immediately</b>.</li> <li>2) Offer patient HIV counseling and testing.</li> <li>3) All sexual contacts [in past 30 days for symptomatic index patients, past 60 days for asymptomatic patients] need to be identified, evaluated and treated.</li> </ol> <p>The time periods before treatment used for identifying at-risk sex partners are 3 months plus duration of symptoms for primary syphilis, 6 months plus duration of symptoms for secondary syphilis, and 1 year for early latent syphilis.</p>	<ol style="list-style-type: none"> <li>1) Conduct surveillance.</li> <li>2) Conduct a patient interview, provide prevention counseling, identify partners of all cases, refer for testing and treatment.</li> <li>3) Transmit surveillance data weekly to CDC for inclusion in the MoMWR.</li> </ol>

AGENTS OF BIOTERRORISM		
Disease <i>Agent</i>	Medical Provider Responsibility	Public Health Responsibility
Anthrax <i>Bacillus anthracis</i>	<ol style="list-style-type: none"> <li>1) ID consultation is recommended.</li> <li>2) Report every case <b>immediately</b> upon diagnosis or strong clinical suspicion.</li> <li>3) Blood , cerebrospinal fluid [CSF], and specimens taken from cutaneous lesions should be sent to hospital microbiology laboratories for culture. Alert laboratory of suspicion of anthrax diagnosis. Note: nasal swabs are not a diagnostic test.</li> <li>4) Further testing is available- contact State Laboratory for consultation; do not use commercial laboratories.</li> </ol>	<ol style="list-style-type: none"> <li>1) Conduct epidemiological investigation to detect environmental source.</li> <li>2) Retrieve isolates of <i>Bacillus species</i> for confirmatory testing.</li> <li>3) Implement HEALTH Bioterrorism protocols and procedures, if appropriate.</li> <li>4) Recommend chemoprophylaxis for persons at risk, if appropriate.</li> <li>5) Transmit surveillance data weekly to Centers for Disease Control and Prevention (CDC) for inclusion in the Morbidity and Mortality Weekly Report (MMWR).</li> </ol>
Botulism <i>Clostridium botulinum</i>	<ol style="list-style-type: none"> <li>1) ID consultation is recommended.</li> <li>2) Report every case <b>immediately</b> upon diagnosis or strong clinical suspicion, for consultation regarding laboratory testing.</li> </ol>	<ol style="list-style-type: none"> <li>1) Assist medical providers in case management, and laboratory testing at CDC labs.</li> <li>2) If indicated, procure anti-toxin from CDC.</li> <li>3) Conduct surveillance/ outbreak detection.</li> <li>4) Coordinate activities with Office of Food Protection.</li> <li>5) Transmit surveillance data weekly to CDC for inclusion in the MMWR.</li> </ol>
Brucellosis <i>Brucella species</i>	<ol style="list-style-type: none"> <li>1) ID consultation is recommended.</li> <li>2) Report every case <b>immediately</b> upon diagnosis or strong clinical suspicion.</li> <li>3) Contact hospital microbiology laboratory for specimen collection guidance. Specimens should be sent to hospital microbiology laboratories for culture. Alert laboratory of suspicion of brucellosis diagnosis.</li> <li>4) Further testing is available- contact State Laboratory for consultation; do not use commercial laboratories.</li> </ol>	<ol style="list-style-type: none"> <li>1) Conduct epidemiological investigation to detect environmental source.</li> <li>2) Case manage lab specimens.</li> <li>3) Implement HEALTH Bioterrorism protocols and procedures, if appropriate.</li> <li>4) Recommend treatment; chemoprophylaxis of persons at risk if appropriate.</li> <li>5) Transmit surveillance data weekly to CDC for inclusion in the MMWR.</li> </ol>

<b>AGENTS OF BIOTERRORISM (continued)</b>		
<b>Disease <i>Agent</i></b>	<b>Medical Provider Responsibility</b>	<b>Public Health Responsibility</b>
Clostridium perfringens epsilon toxin poisoning	1) Report every case <b>immediately</b> upon diagnosis or strong clinical suspicion. 2) Consult with State Laboratory for guidance on specimen collection and testing; do not use commercial laboratories.	1)
Glanders  <i>Burkholderia mallei</i>	1) ID consultation is recommended. 2) Report every case <b>immediately</b> upon diagnosis or strong clinical suspicion. 3) Consult with State Laboratory for guidance on specimen collection and testing; do not use commercial laboratories.	2) Conduct epidemiological investigation to detect environmental source. 3) Case manage lab specimens. 4) Implement HEALTH Bioterrorism protocols and procedures, if appropriate. 5) Recommend treatment; chemoprophylaxis of persons at risk if appropriate.
Plague  <i>Yersinia pestis</i>	1) ID consultation is recommended. 2) Report every case <b>immediately</b> upon diagnosis or strong clinical suspicion. 3) Contact hospital microbiology laboratory for specimen collection guidance. Specimens should be sent to hospital microbiology laboratories for culture. Alert laboratory of suspicion of plague diagnosis. 4) Further testing is available- contact State Laboratory for consultation; do not use commercial laboratories.	1) Conduct epidemiological investigation to detect environmental source. 2) Case manage lab specimens. 3) Implement HEALTH Bioterrorism protocols and procedures, if appropriate. 4) Recommend treatment; chemoprophylaxis of persons at risk if appropriate. 5) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Q fever  <i>Coxiella burnetii</i>	1) ID consultation is recommended. 2) Report every case <b>immediately</b> upon diagnosis or strong clinical suspicion. 3) Consult with State Laboratory for guidance on specimen collection and testing; do not use commercial laboratories.	1) Conduct epidemiological investigation to detect environmental source. 2) Case manage lab specimens. 3) Implement HEALTH Bioterrorism protocols and procedures, if appropriate. 4) Recommend treatment; chemoprophylaxis of persons at risk if appropriate. 5) Transmit surveillance data weekly to CDC for inclusion in the MMWR.

<b>AGENTS OF BIOTERRORISM (continued)</b>		
<b>Disease <i>Agent</i></b>	<b>Medical Provider Responsibility</b>	<b>Public Health Responsibility</b>
Ricin poisoning	Report every case <b>immediately</b> upon diagnosis or strong clinical suspicion.	Extensive public health response per State plan.
Smallpox  Variola virus	<ol style="list-style-type: none"> <li>1) Report every case <b>immediately</b> upon diagnosis or strong clinical suspicion.</li> <li>2) Alert Hospital Infection Control officer immediately to activate Hospital Response Plan.</li> <li>3) Consult with State Laboratory for guidance on specimen collection and testing; do not use commercial laboratories.</li> </ol>	Extensive public health response per State plan.
Staphylococcal enterotoxin B poisoning	<ol style="list-style-type: none"> <li>1) Report every case <b>immediately</b> upon diagnosis or strong clinical suspicion.</li> <li>2) Consult with State Laboratory for guidance on specimen collection and testing; do not use commercial laboratories.</li> </ol>	Extensive public health response per State plan.
Tularemia <i>Francisella tularensis</i>	<ol style="list-style-type: none"> <li>1) Report every case <b>immediately</b> upon diagnosis or strong clinical suspicion.</li> <li>2) Contact hospital microbiology laboratory for specimen collection guidance. Specimens should be sent to hospital microbiology laboratories for culture. Alert laboratory of suspicion of tularemia diagnosis.</li> <li>3) Further testing is available- contact State Laboratory for consultation; do not use commercial laboratories.</li> </ol>	<ol style="list-style-type: none"> <li>1) Conduct epidemiological investigation to detect environmental source.</li> <li>2) Case manage lab specimens.</li> <li>3) Implement HEALTH Bioterrorism protocols and procedures, if appropriate.</li> <li>4) Recommend treatment; chemoprophylaxis of persons at risk if appropriate.</li> <li>5) Transmit surveillance data weekly to CDC for inclusion in the MMWR.</li> </ol>
Viral hemorrhagic fevers (Ebola, Lassa, Marburg, etc)	<ol style="list-style-type: none"> <li>1) Report every case <b>immediately</b> upon diagnosis or strong clinical suspicion.</li> <li>2) Consult with State Laboratory for guidance on specimen collection and testing; do not use commercial laboratories.</li> </ol>	<ol style="list-style-type: none"> <li>1) Conduct epidemiological investigation to detect exposure.</li> <li>2) Case manage lab specimens.</li> <li>3) Implement HEALTH Bioterrorism protocols and procedures, if appropriate.</li> </ol>

<b>OTHER CONDITIONS</b>		
<b>Disease Agent</b>	<b>Medical Provider Responsibility</b>	<b>Public Health Responsibility</b>
Animal bites	Report every animal to human bite and any other potential rabies exposures <b>immediately</b> (see rabies guidelines).	1) Case-manage all potential rabies exposures to humans. 2) Conduct patient interview, gather history, assess risk, counsel and recommend prophylaxis for appropriate cases.
Coccidiomycosis <i>Coccidioides immitis</i>	Report within four days.	1) Conduct surveillance through chart review. 2) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Hansen's disease (leprosy) <i>Mycobacterium leprae</i>	Report within four days.	3) Conduct surveillance through chart review. 4) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Hemolytic uremic syndrome (HUS)	Report within four days.	1) Conduct surveillance through chart review. 2) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Histoplasmosis <i>Histoplasma capsulatum</i>	Report within four days.	Conduct surveillance through chart review.
Legionellosis <i>Legionella</i> species	Report within four days.	1) Conduct surveillance through chart review. 2) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Toxic Shock Syndrome	Report within four days.	1) Conduct surveillance through chart review to monitor disease trends. 2) Transmit surveillance data weekly to CDC for inclusion in the MMWR.
Transmissible spongiform encephalopathies (including Creutzfeldt-Jakob Disease)	Report within four days.	Conduct surveillance through chart review.
Vancomycin resistant/intermediate Staphylococcus aureus (VRSA/VISA), non-invasive. <i>Staphylococcus aureus</i>	Report every case <b>immediately</b> upon diagnosis.	1) Perform confirmatory testing on isolate. 2) Conduct epidemiological investigation.

OTHER CONDITIONS (continued)		
Disease	Medical Provider Responsibility	Public Health Responsibility
<p><b>"Outbreak or cluster"</b> means the occurrence in a community or region of cases of an illness clearly in excess of the number of cases normally expected. The number of cases indicating an outbreak or cluster will vary according to the infectious agent or the conditions/hazards, size and type of population exposed, previous experience or lack of exposure to the disease, and time and place of occurrence. A single case of a communicable disease long absent from a population or the first invasion by a disease not previously recognized in that area requires immediate reporting and epidemiologic investigation; two (2) cases of such a disease associated in time and place are sufficient evidence of transmission to be considered an epidemic. Outbreaks or clusters are therefore identified by significant increases in the usual incidence of the disease in the same area, among the specified population, at the same season of the year. Some examples of outbreaks are as follows: 1. <b>Foodborne outbreak/poisoning:</b> the occurrence of two (2) or more cases of a similar illness resulting from the ingestion of a common food; 2. <b>Institutional:</b> cluster of similar illness in institutional settings, such as nursing homes, hospitals, schools, day care centers, etc.; 3. <b>Waterborne:</b> at least two (2) persons experiencing a similar illness after ingestion of drinking water and epidemiologic evidence that implicates water as the probable source of the illness; 4. <b>A single case of rare and unusual diagnoses</b>, such as smallpox, ebola, or human rabies; 5. Outbreaks of <b>unusual diseases or illness</b> that may indicate <b>acts of terrorism</b> using biological agents, such as anthrax, botulism, ricinosis, epsilon toxin of <i>Clostridium perfringens</i>, and <i>Staphylococcus enterotoxin B</i>.</p>	Report every case <b>immediately</b> upon diagnosis or strong clinical suspicion.	<p>The Rhode Island Department of Health will:</p> <ol style="list-style-type: none"> <li>1) Characterize the extent and consequences of the outbreak through descriptive epidemiology and/or analytical studies.</li> <li>2) Provide recommendations for control measures.</li> <li>3) Enforce control measures and evaluate outcomes.</li> <li>4) Conduct public and professional information activities.</li> <li>5) Activate state and national resources, as needed.</li> </ol>

## REFERENCES:

American Academy of Pediatrics. *2000 Red Book: Report of the Committee on Infectious Diseases, 25<sup>th</sup> Edition*. Illinois, American Academy of Pediatrics, 2000.

CDC. 1998 Guidelines for treatment of sexually transmitted diseases. MMWR. 1998; 47: RR-1.

Chin, J., ed. *Control of Communicable Diseases Manual, 17<sup>th</sup> Edition*. Washington, DC, American Public Health Association, 2000.



## **APPENDICES**

### **List of attachments to accompany the Guidelines for Physicians:**

1. One page descriptions for: TB and STD clinics
2. Health Policy and CDC/ACIP for vaccination for meningococcal disease
3. Summary sheets from the Laboratory Reporting Manual
4. Management of Rabies Exposures (Guidelines for Physicians)
5. Standard State reporting forms for General Communicable Diseases, STD, TB, HIV/AIDS
6. CTR Rules/Regs
7. List of Web-site resources